

Please call the Business License Office at 310-618-5923 for fee amounts. Payment must be submitted with your application.

FOR OFFICIAL USE ONLY

1. LICENSE NO.

2. CATEGORY NO.

HOME OCCUPATION

HEALTH PERMIT

N.A.I.C.S. CODE



City of Torrance, Revenue Division
Business License Application

3031 Torrance Boulevard, Torrance, California 90503 • 310/618-5828

PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)

3. BUSINESS NAME OR DBA				4. CORPORATE NAME (IF DIFFERENT FROM ABOVE)			
5. BUSINESS ADDRESS				SUITE #	CITY	STATE	ZIP
6. MAILING ADDRESS				SUITE #	CITY	STATE	ZIP
7. NATURE OF BUSINESS (state type of business being conducted at this location)					8. NO. OF PERSONS WORKING AT LOCATION		9. BUSINESS PHONE
10. NAME OF PERSON MAKING APPLICATION (must be an owner, partner or corporate officer)					11. TITLE		12. HOME PHONE
13. RESIDENCE ADDRESS				CITY	STATE	ZIP	14. DRIVER'S LICENSE NO.
				15. STATE SALES TAX NO.			
16. STATE CONTRACTOR'S LICENSE NO.		17. SQUARE FOOTAGE		18. SOCIAL SECURITY NO.		19. FED TAX ID#	
						20. STATE TAX ID#	
21. OWNERSHIP INFORMATION							
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE OWNERSHIP							
NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS		TITLE		HOME ADDRESS		HOME PHONE	
I declare that I am the owner, partner, corporate officer or person with the power of attorney, and i understand if all the information provided above is not the true the business license being applied for may be revoked as outlined in section 31.9.10 of the Torrance Municipal Code.							
I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the foregoing is true and correct.							
SIGNATURE _____ DATE _____							

PART II. FOR OFFICIAL USE ONLY

BASIC FEE		APPLICATION SENT FOR ZONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		PROCESSING FEE		FIRE INSP. FEE		OTHER	
PER PERSON FEE		OTHER (cont'd)							
PENALTY FEE		HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO		ENT. FEE		DANCE/PIANO FEE			
RECEIVED BY		DATE		CHECK NO.		BANK NO.		CASH	TOTAL AMOUNT \$



City of Torrance, Community Development Department

Permit Application Form

3031 TORRANCE BLVD. • TORRANCE, CA 90503

OWNER/APPLICANT INFORMATION

Name: _____

Address: _____

City/State: _____

Zip: _____

Telephone: _____

Fax: _____

**Excavation permits will not be issued without
USA I.D. Number.**

Underground Service Alert
Call: 811

USA I.D. # _____

Date Received: _____

CONTRACTOR INFORMATION

State License #: _____

Class: _____ Exp. Date: _____

City Business #: _____

**CONTRACTOR: Certificate of Insurance
REQUIRED prior to issuance of permit.**

JOB LOCATION/ADDRESS (closest street address)

Please list cross streets: _____

DESCRIPTION OF WORK

LF Trench _____

Width of Trench _____

LF Curb & Gutter _____

LF Bore _____

Sewer Connection _____

Number of Curb Drains _____

SF Asphalt _____

SF Concrete _____

Work Order Number (for utility companies): _____

Applicant or Authorized Signature: _____

For further permit information, please call 310-618-5898 or fax 310-618-2846.